

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3						
4		1				
5	1					
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7						
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9	1					
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13						
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16	1					
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50						
TOTAL IND.	6					
TOTAL DEP.	18	→	→	→	→	→
TOTAL CLAIMS	24	████████	████████	████████	████████	████████

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			→	→	→	→
TOTAL DEP.			→	→	→	→
TOTAL CLAIMS		████████	████████	████████	████████	████████